

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 30
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bruce Alan Wallstedt MD

Mailing Address 6323 Canterbury Close

City State Zip Code
 Brentwood TN 37027-4870

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 12 / 2015

Transaction ID : C2935106

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Robert L Wergin MD

Mailing Address 119 C St

City State Zip Code
 Lincoln NE 68502-1037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Memorial Health Care

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015

Transaction ID : C2940026

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Richard Andre Wherry MD

Mailing Address 59 Tipton Dr

City State Zip Code
 Dahlonega GA 30533-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Southern Health

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 08 / 2015

Transaction ID : C2929615

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1615.00